DOCKET FILE COPY ORIGINAL

Federal Communications Commission
Washington, D.C. 20554

DEC 5 2003

In the matter of Request for Review of the Decision of the Universal Service Administrator by

North American Family Institute
Danvers, Massachusetts

FCC DOCKET NO. 02-6

REQUEST FOR REVIEW OF AN ADMINISTRATOR DECISION BY THE FEDERAL COMMUNICATIONS COMMISSION

i. <u>Introduction</u>

This is an appeal seeking review of an Administrator's Decision on Appeal dated October 7, 2003 by the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC or Administrator). By this appeal, the North American Family Institute (NAFI) seeks review of the SLD's interpretation of certain NAFI funding requests as ineligible due to insufficient documentation provided. For the reasons which follow, NAFI respectfully requests that the FCC grant its appeal.

ii. Statement of the Relevant Facts

The North American Family Institute, Inc (NAFI) is a non-profit human service agency with a mission to create diverse and innovative services to help individuals assume control over their lives and become responsible and productive

No. of Copies List ABCDE	rec'd O

citizens. As a multi-state organization, we deliver a wide array of services for children, adults and families who need guidance, mental health, educational and integrated systems of treatment and support. One significant part of our program is alternative K-12 schools for youth with special needs. These schools operate under the appropriate state departments of education and offer structured instruction in keeping with state curriculum requirements and which lead to high-school diplomas. It is for a number of these school programs in a number of states that we submitted the abovementioned 471 application for E-Rate eligible services. Because our schools are in a different states and utilize a large degree of site-based administration, there are a considerable number of vendors for these services, each chosen to best meet each school's needs.

The SLD denied certain of the funding requests on the subject 471 stating "Applicant has not provided sufficient documentation to determine the eligibility of this item." NAFI believes that sufficient information was provided and that all information requested by the SLD during processing of the application was provided in as requested. Therefore, NAFI filed an appeal request which the SLD denied via a decision letter dated October 7, 2003. The denial letter stated that "SLD successfully contacted Louisa Loke (contact person listed on Block 1 of From 471) via telephone, fax and e-mail on October 10,2002 and November 11, 2002 and Ms. Loke was informed of the 7-day timeframe for submitting the additional documentation to the SLD. As of the date of the Funding Commitment decision Letter, we did not receive a response to our request for additional information. Therefore, we are unable to determine if the funding requests were eligible and the application was denied." The SLD further states that the billing records provided to support the funding requests could not be considered "Program rules do not permit

SLD to accept new information of appeal except under limited circumstances where an applicant was not given an opportunity to provide information during the initial review..."

NAFI respectfully asserts that a) the SLD claim of having successfully contacted NAFI is in error, b) that the billing records provided with the appeal should have been considered and that c) the funding request for local telephone service at schools that were determined to be eligible for E-Rate participation in other Form 471 applications were clearly eligible and should have been funded, even in the absence of additional information regarding the number of telephone lines at each location.

In the matter of funding request 892839 which was missing a SPIN number for the vendor NAFI accepts the SLD's denial. NAFI worked with the vendor to get them to apply for a SPIN number but they did not complete the process in a timely fashion.

iii. Questions Presented for Review

- 1. In reference to the denial of the NAFI appeal of February 21,2003 by the SLD Decision on Appeal dated October 7, 2003, the questions presented for review are:
 - a. Did the SLD successfully contact NAFI requesting additional information?
 - b. Whether the billing records provided on appeal should have been considered?
 - c. Whether there was sufficient information to determine that the service is eligible?

iv. Argument.

a. Did the SLD successfully contact NAFI requesting additional information?

NAFI keeps careful records regarding all aspects of the E-Rate program, including communications with the SLD. The table below shows all communications from the SLD in our records for 2002. This table should be taken as evidence of the lack of successful communication by the SLD to NAFI, of NAFI's care in responding to the SLD, and of NAFI's care in recording salient details of it E-Rate participation. Subsequent to receiving the SLD Decision on Appeal Ms. Loke reviewed her email and other communication records and found no communication from the SLD on the dates specified. Furthermore, the NAFI IT Department searched email server backup tapes for the dates specified and also found no records of any communication from the SLD.

		Date of SLD	Method used by			Date of NAFI	Method of NAFI
	SLD contact	communication	SLD	Case #	NAFI respondent	response	response
1	Heidi Collins	3/15/02	Email	118470 & 118394	Louisa	4/1/02	Fax
2	Nathan Littlejohn	3/19/02	Email	119286	Louisa	3/22/02	Fax
3	Nathan Littlejohn	3/19/02	Email	119287	Louisa	3/22/02	Fax
4	Nathan Littlejohn	3/19/02	Email	119289	Louisa	3/22/02	Fax
5	Nathan Littlejohn	3/19/02	Email	119290	Louisa	3/22/02	Fax
6	Nathan Littlejohn	4/11/02	Email	119287	Louisa	4/19/02	Fax
7	Nathan Littlejohn	4/11/02	Email	119289	Louisa	4/19/02	Fax
8	Nathan Littlejohn	4/11/02	Email	119290	Louisa	4/19/02	Fax
9	Heidi Collins	4/12/02	Email & Fax	118470 & 118394	Louisa	4/19/02	Fax
10	Nathan Littlejohn	4/22/02	Email	119287	Louisa	4/29/02	Fax
11	Nathan Littlejohn	4/22/02	Email	119290	Louisa	4/29/02	Fax
12	Heidi Collins	4/24/02	Email & Fax	118470	Louisa	4/26/02	Fax
13	Sherry Tabor	5/6/02	Fax	Application 330364	Louisa	5/14/03	Fax
14	Sherry Tabor	5/21/02	Email	Application 330364	Louisa	5/21/02	Email
15	Sherry Tabor	5/23/02	Email	Application 330364	Louisa	5/23/02	Email
16	Sherry Tabor	6/11/02	Email	Application 330364	Louisa	6/11/02	Fax
				App# 330364,330398, 330406, 330420,			
17	Rina Patel	7/24/02	Email	330442, 330386	Louisa	7/31/02	Fax

In view of the above, the FCC should decide that there was no successful communications by the SLD to NAFI on the above dates and remand the application to the SLD for further processing.

b. Whether the billing records provided on appeal should have been considered?

NAFI maintains that it was not given the opportunity to provide the information sought by the SLD during the initial review since it never received any such request. We note that the record shows in the response to question a) above that NAFI consistently provides timely responses to all SLD queries. Since the information in question was not successfully communicated to NAFI it did not have the opportunity to provide it during the initial review.

In view of the above, the FCC should decide that the billing information provided on appeal should be accepted by the SLD as evidence in deciding the eligibility of this funding request and remand the application to the SLD for further processing.

c. Whether there was sufficient information to determine that the service is eligible?

NAFI believes that the funding request items which were identified on the 471 application as local telephone service were plainly eligible on their face and did not require the additional information requested by the SLD to make such a determination. Local telephone service is clearly an eligible service under the program rules. The funding amounts requested are based on actual billed amounts at each eligible entity.

We respectfully request that questions a and b above, be considerately separately from question c. Questions a and b address communication and documentation issues. Question c addresses the eligibility of local telephone services independent of the communication issues raised in a and b. Such services are clearly eligible and the FCC should remand the application to the SLD for further processing.

v. Relief Sought

For the reasons stated above, NAFI respectfully requests that the FCC grant its appeal and order that NAFI's application be remanded to the SLD to issue a new funding commitment decision providing discounts for the above funding requests.

Respectfully submitted, THE NORTH AMERICAN FAMILY INSTITUTE

Daniel Nakamoto, Executive Director of

Administrative Services

North American Family Institute 10 Harbor St

Danvers, MA 01923

Louisa Loke

From:

SLD Problem Resolution [SLDProblemResolution@ncs.com]

Sent:

Friday, March 15, 2002 1:36 AM

To:

'Louisa Loke@nafi.com'

Subject:

Form 471 FY5//Form Identifiers: Network and Internet (Please Repl

y)

Louisa Loke,

We are making this contact with you to obtain the necessary information to successfully data enter your Form 471 Services Ordered and Certification Form. Here is the information we need from you so that we may complete data entry of your application for E-Rate Discounts:

Form Identifier: Network

Block 4/Column 1: The Entity Name you have provided for DeFuniak Springs-Half Way House and Dodge /Bridge Crossing do not match with the names we have in our systems. Please look over your records and report the correct name.

Block 5 Item 15 on page 1_ of 1_: Provide the contract number for this service. If there is no reference number for your contract, please enter N/A. If this is a tariffed service, place a T in Item 15. If the service is purchased under a month-to-month arrangement, please enter MTM in Item 15. If the service is T or MTM, then you will have to complete item 19b.

Block 5 Item 22a&b: This item was left blank. Please indicate wheather the service is site specific (letter a), or if the service is shared by all entities (letter b).

Form Identifier: Internet

Block 4/Column 1: The Entity Name you have provided for DeFuniak Springs-Half Way House and Dodge /Bridge Crossing do not match with the names we have in our systems. Please look over your records and report the correct name.

Block 4/Column 7: Please note that the percentage has changed from 70% to 80% for Caledonia School. This changes your overall percentage to 89%, thus changing the amounts in Item J and K of your block 5.

Block 5 Item 15 on page 1_ of 1_: Provide the contract number for this service. If there is no reference number for your contract, please enter N/A. If this is a tariffed service, place a T in Item 15. If the service is purchased under a month-to-month arrangement, please enter MTM in Item 15. If the service is T or MTM, then you will have to complete item 19b.

Please make this correction to your form and fax a copy of the corrected page to my attention at 888-276-8736. If you have any questions, please call me at 888-203-8100 and reference case number 118470 &118394.

We need to receive this information from you within 7 calendar days of this communication with you. If we do not receive the requested information from you within this time frame, your Form 471 application will be rejected and returned to you.

Thank you, Heidi Collins Client Service Bureau/Problem Resolution Schools and Libraries Division TRANSMISSION OK

TX/RX NO

CONNECTION TEL SUBADDRESS

CONNECTION ID

ST. TIME USAGE T

PGS. SENT RESULT 4904

18882768736

04/01 17:00

02'14 5 OK



Facsimile Cover Sheet

To: Heidi Collins

Company: SLD

Phone: 888-203-8100

Fax: 888-276-8736

From: Louisa Loke

Company: NAFI

Phone: 978-774-0774 or 978-774-0775, ext. 192

Fax: 978-774-2262

E-Mail: Louisaloke@nafi.com

Date: 4/1/02

No. of pages

including cover page: 5

Comments:

Re: case #118470 & 118394



April 1, 2002

Re: Case Number: 118470 & 118394

ADMINISTRATIVE OFFICES: 10 Harbor Street Danvers, MA 01923 Tel: (978) 774-0774 Main Fax: (978) 774-8369 Alternate Fax: (978) 774-2262

TTY: (978) 762-6314

Dear Ms. Collins,

Attached please find a copy of form 471 Block 5 for Form Identifier: Network

■ Block 4 / Column 1:

The current correct name for Entity Number 212539 is Defuniak Springs - Half Way House. It is indeed a school.

The current correct name for Entity Number 221867 is Dodge/Bridge Crossing. It is indeed a school.

- Block 5 Item 15 on page 1 of 1:
 I had made the correction on the fax.
- Block 5 Item 22 a & b:
 It is a shared service and 22b contains "A1". Please refer to the fax.

Attached a copy of form 471 Block 4 and Block 5 for Form Identifier: Internet

■ Block 4 / Column 1:

The current correct name for Entity Number 212539 is Defuniak Springs - Half Way House. It is indeed a school.

The current correct name for Entity Number 221867 is Dodge/Bridge Crossing. It is indeed a school.

- Block 4 / Column 7:
 I had made the correction. Please refer to the fax.
- Block 5 Item 15 on page 1 of 1:
 I had made the correction. Please refer to the fax.

Please feel free to contact me if you have any questions.

Sincerely,

Louisa Loke

Entity Number:	ntity Number: 227033 Applicants Form Identifier: Network											
Contact Persor	n: Louisa Loke		<u>.</u>		Phone Numb	er:		(978) 774-07	74			
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Service Flovide Hame												
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Entity Number: 227033 Applicants Form Identifier: Contact Person: Louisa Loke Phone Number:

Internet (978) 774-0774

Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A-1
Page 1 of 1

Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

(For Administrator's Use)

10a If you are:

- Applying for discounts ONLY for an individual school, or ONLY site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- Applying for discounts on services shared by ALL schools in the district (with or without site-specific services as well);
 Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well):
 Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).

School District Name: North American Family Institute School District Entity Number: 227033

Stepping Stone Touchstone Sawmill Academy Hendry County TOYC Ace Alternatives Alliance House Chauncy Hall CIP North Crossing NE Diversion Shelter Care Positive Opportunity Program Cornerstone Turning Points Centerpoint Caledonia School Dirigo	221844 U 202008 F 227067 U 222010 F 219981 U 222128 U 22129 U 221843 U 221961 F 223069 U 221964 U	2 2 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3	Total # of Students 22 20 25 64 48 20 32 15 20 12 8	# of Students Eligible for NSLP 22 20 25 64 48 20 32 15 20 12 8	% Students Eligible for NSLP {Col. 5 ÷ Col. 4} 100% 100% 100% 100% 100% 100% 100% 10	90% 90% 90% 90% 90%	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7) 19.8 18.0 22.5 57.6 43.2 18.0 28.8 13.5 18.0 10.8
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Caledonia School Dirigo	222041 F		25	25	100%	90%	22.5
Dirigo	227078 F		16	8	50%	80%	12.8
	4028 F		7	7	100%	90%	6.3
IF)odae/Bridge Crossing	221867 L		16	16	100%	90%	14.4
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Sidney	221868 F		. 8	. 8	100%	90%	7.2
Davenport ;	227068!F		15	15	100%		13.5
Midway Shelter	221865 F		15	15	100%	90%	13.5
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•	Number:	227033 : Louisa Loke				Applicants F Phone Numb		r:	Internet (978) 774-07	74	
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You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 1											and names. Label
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Louisa Loke

From: Sent: Littlejohn, Nathan [LittNa@ncs.com] Tuesday, March 19, 2002 6:42 PM

To:

'Louisa Loke@nafi.com'

Subject:

471 Application ID <form identifier: email> -PR Case ID#<case#1

19286>

We are making this contact with you to obtain the necessary information to successfully data enter your Form 471 Services Ordered and Certification Form. Here is the information we need from you so that we may complete data entry of your application for E-Rate Discounts:

Funding Yr: 5

Billed Entity: North American Family Institute

Block 5 Item 15 on page 1: Provide the contract number for this ervice. If there is no reference number for your contract, please enter /A. If this is a tariffed service, place a T in item 15. If the service s purchased under a month-to-month arrangement, please enter MTM in Item 5.

Block 5 Item 20 on page 1: For contracted services, enter the date he contract expires. For tariffed and month-to-month services, leave this tem blank. The date that you placed in this blank does not occur within unding Yr. 5 (07/01/2002 - 06/30/2003).

Please make these corrections to your form and fax a copy of the corrected pages to my attention at 888-276-8736. If you have any questions, please call me at 888-203-8100 and reference case number 119286.

We need to receive this information from you within 7 calendar days of this communication with you. If we do not receive the requested information from you within this time frame, your Form 471 application will be rejected and returned to you.

Thank you,

Nathan Littlejohn Client Service Bureau/Problem Resolution Schools and Libraries Division TX REPORT cos

TRANSMISSION OK

TX/RX NO

4791

CONNECTION TEL

SUBADDRESS

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CONNECTION 1D ST. TIME

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Facsimile Cover Sheet

To: Nathan Littlejohn

Company: SLD

Phone: 888-203-8100

Fax: 888-276-8736

From: Louisa Loke

Company: NAFI

Phone: 978-774-0774 or 978-774-0775, ext. 192

Fax: 978-774-2262

E-Mail: Louisaloke@nafi.com

Date: 3/22/02

No. of pages

including cover page: 3

Comments:

Re: case #119286



March 22, 2002

Form 471 Application Entity Number 227033 Re: Case #119286 ADMINISTRATIVE OFFICES: 10 Harbor Street
Danvers, MA 01923
Tel: (978) 774-0774
Main Fax: (978) 774-8369
Alternate Fax: (978) 774-2262
TTY: (978) 762-6314
Web Site: http://nafi.com

Dear Mr. Littlejohn.

Attached please find a copy of form 471, Block 5. I had made the corrections on Block 5, item 15 and item 20. Please feel free to contact me if you have any questions.

Sincerely.

Lõuisa Loke

	ty Number:	227033 : Louisa Loke										
Ble nstr Make	ock 5:	Discount	age for EACH se	ervice (Fun and numb		ber) for which y ages to assure	you are reques that they are	sting discounts.	Block 5, page	ge _1	of _1	`
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13	SPIN - Se	rvice Provider		-	143020189	18 Contract	Award Date (mm/dd/yyyy)		1/16/20	02	
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14 Service Provider Name eChalk LLC 20 Contract Expiration Date (mm/dd/yyyy) 6/30/2003												
21	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label Description of this description with an Attachment # and note number in space provided below.											abel.
22	Entity/Ent Receiving	This Service:	this service	·	ecific (provided to c					ne entity fro	m Block 4 re	eceiving
23	Calculatio		ecurring Char	aec	;	l Non-	Recurring C	harnes	1	Total Cha	araes	
	A	В	C	D	E	F	G	H	I	J	K	
(tota	thly \$ charges al amount per th for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	nt months amount for eligible recurring (one- the \$ amount in discount \$ amount year pre-discount (from Reservice recurring charges time) \$ charges (F) is ineligible? for one-time charges \$ amount Block 4 (Funding Comr Reque (I x J	st
		**	•	12	_	3500	175	3325	3,325.00	90%	\$ 2,	992.50

Louisa Loke

From: Sent:

Littlejohn, Nathan [LittNa@ncs.com] Tuesday, March 19, 2002 11:31 PM

To:

'Louisa_Loke@nafi.com'

Subject:

471 Application ID <form identifier: Telephone> -PR Case ID# Set 11928-0

We are making this contact with you to obtain the necessary information to successfully data enter your Form 471 Services Ordered and Certification Form. Here is the information we need from you so that we may complete data entry of your application for E-Rate Discounts:

Funding Yr: 5

Billed Entity: North American Family Institute

Block 5 Item 15 on pages 1-15: Provide the contract number for this service. If there is no reference number for your contract, please enter N/A. If this is a tariffed service, place a T in Item 15. If the service is purchased under a month-to-month arrangement, please enter MTM in Item 15.

Please make these corrections to your form and fax a copy of the corrected pages to my attention at 888-276-8736. If you have any questions, please call me at 888-203-8100 and reference case number 119287.

We need to receive this information from you within 7 calendar days of this communication with you. If we do not receive the requested information from you within this time frame, your Form 471 application will be rejected and returned to you.

Thank you,

Nathan Littlejohn Client Service Bureau/Problem Resolution Schools and Libraries Division 03/22/02 15:43 FAX 19787742262

TRANSMISSION OK

TX/RX NO

4792

CONNECTION TEL SUBADDRESS

18882768736

CONNECTION ID

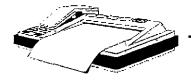
03/22 15:36

ST. TIME USAGE T

06'30 14

PGS. SENT RESULT

OK



Facsimile Cover Sheet

To: Nathan Littlejohn

Company: SLD

Phone: 888-203-8100

Fax: 888-276-8736

From: Louisa Loke

Company: NAFI

Phone: 978-774-0774 or 978-774-0775, ext. 192

Fax: 978-774-2262

E-Mail: Louisaloke@nafi.com

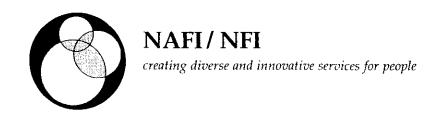
Date: 3/22/02

No. of pages

including cover page: 14

Comments:

Re: case #119287



March 22, 2002

Form 471 Application Entity Number 227033 Re: Case #119287 ADMINISTRATIVE OFFICES: 10 Harbor Street Danvers, MA 01923 Tel: (978) 774-0774 Main Fax: (978) 774-8369 Alternate Fax: (978) 774-2262 TTY: (978) 762-6314 Web Site: http://nafi.com

Dear Mr. Littlejohn,

Attached please find a copy of form 471, Block 5. I had made the correction on Block 5, item 15. Please feel free to contact me if you have any questions.

Sincerely,

Louisa Loke

≣ntit	ntity Number: 227033 Applicants Form Identifier: Telephone												
Cont	tact Person	: Louisa Loke			<u> </u>	Phone Numb	er:		(978) 774-07	74			
Blo	ock 5:	Discoun	t Fundin	g Req	uest(s)				Block 5, pa	ge _1	_ of _12		
/lake	e as many c	opies of this pag	e as necessary,	and numb	er the completed pa	ages to assure	that they are	all processed corr	rectly. ———				
FR)	V#			(to l	oe assigned b	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	000000000000000000000000000000000000000						
11	Category	of Service (only O	NE category should be	e checked)				ailable; use "T" if tariffed is as described in Instruc			МТМ		
	O Telecomm	nunications Service	Internet Acc	ess O I	nternal Connections			ber (e.g., billed telephor		97	'8-521-1622		
12	Form 470	Application Nu	mber (15 digits)	6	81020000377973			lection/Contract	Date (mm/dd/yy)	у)	12/13/2001		
13	SPIN - Se	rvice Provider				18 Contract	Award Date	(mm/dd/yyyy)			·		
	Identificatio	n Number (9 digits	s)		143001192	19a Service	Start Date (mn	n/dd/yyyy)		7/1/20	02		
						19b Service I	E nd Date (mm	/dd/yyyy) (use only fo	r "T" or "MTM" se	ervices)	6/30/2003		
14	14 Service Provider Name AT&T 20 Contract Expiration Date (mm/dd/yyyy)												
21	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label												
22	Entity/Enti Receiving	This Service:	this service	:	ecific (provided to c		•			ne entity fro	om Block 4 receiving		
23	Calculatio						_		· · · · · · · · · · · · · · · · · · ·				
	A		ecurring Char		E	Non- F	Recurring C		Ţ	Total Cha	arges K		
Monti		B How much of the \$	C Eligible monthly	D # of	Annual pre-discount \$	Annual non-	How much of	H Annual eligible pre-	Total program		Funding Commitment \$		
	I amount per	amount in (A) is	pre-discount	months	amount for eligible	recurring (one-	the \$ amount in		' *		Request		
mont	h for service)	ineligible?	amount (A minus B)	service provided in program year	recurring charges (C x D)	time) \$ charges	(F) is ineligible?	for one-time charges (F minus G)	\$ amount (E + H)	Block 4 Worksheet)	(I×1)		
			15.25	12	183			0	183	89%	\$ 162.87		

ntity Number: 227033 Applicants Form Identifier: Telephone												
Contact Persor	: Louisa Loke				Phone Numb	er:		(978) 774-07	74			
nstructions: Us		age for EACH se	rvice (Fur and numb	uest(s) Inding Request Number the completed parties assigned by	ages to assure	that they are	sting discounts.	Block 5, pag	ge _2	of _12		
11 Category	of Service (only O	NE category should be	checked)			•	ailable; use "T" if tariffed s as described in Instruc			мтм		
O Telecomn	nunications Service	Internet Acc	ess OIr	nternal Connections			oer (e.g., billed telephor		0000-0	000002989690-7		
12 Form 470	Application Nu	mber (15 digits)	6	81020000377973	l .		lection/Contract	Date (mm/dd/yyy	y)	12/13/2001		
13 SPIN - Se	rvice Provider				18 Contract	Award Date	(mm/dd/yyyy)					
Identificatio	n Number (9 digit:	s)		143008443	19a Service	Start Date (mn	n/dd/yyyy)		7/1/20	02		
					19b Service E	nd Date (mm.	/dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)	6/30/2003		
14 Service Provider Name Earthlink Network Inc 20 Contract Expiration Date (mm/dd/yyyy)												
21 .	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label											
22 Entity/Ent Receiving	This Service:	this service :		ecific (provided to c		-			he entity fro	om Block 4 receiving		
23 Calculatio		Ob				Danisa a C	Nha-ra-a	<u> </u>	Total Ch			
A	В	ecurring Char C	ges D	E	F	Recurring C	narges H	Ī	Total Ch	arges K		
,-	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre-	, ,	Ÿ	Funding Commitment \$ Request (I x J)		
91.75	0	91.75	12	1,101.00				1,101.00	90%	\$ 990.90		

Entity Number: Contact Persor					Applicants F Phone Numb			Telephone (978) 774-07	74	****
	e one Block 5 pa	ge for EACH ser	vice (Fund	uest(s) ding Request Number the completed page				Block 5, pag	ge _3	of _12
FRN#		444	(to t	e assigned by	y administ	rator)				
	of Service (only Of			nternal Connections	"MTM" if mont	h-to-month services	ilable; use "T" if tariffed s as described in Instructi er (e.g., billed telephon	ons)		MTM 000059692
	Application Nun			81020000377973	17 Allowabl	e Vendor Sele	ection/Contract I			12/13/2001
13 SPIN - Se	rvice Provider				18 Contract		mm/dd/yyyy}			
identificatio	on Number (9 digit	ts)		143018425	19a Service	Start Date (mm	/dd/yyyy)		7/1/20	02
					19b Service t	nd Date (mm/	dd/yyyy) (use only fo	or "T" or "MTM" s	ervices)	6/30/2003
14 Service Pr	ovider Name		Fairpoir	nt	20 Contract	Expiration D	ate (mm/dd/yyyy)			
You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 3										
22 Entity/Ent Receiving	This Service:	this service	:	pecific (provided to by all entities on a B		·			e entity from	m Block 4 receiving
23 Calculatio		ecurring Char	ave	!	l Non	-Recurring C	`harnoe	ı	Total Ch	arnas anns
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Monthly \$ charges (total amount per month for service)	total amount per amount in (A) is pre-discount months amount for eligible recurring (one- the \$ amount in discount \$ amount year pre-discount (from Re								Funding Commitment \$ Request (IxJ)	
305.58	O	305.58	12	3667			0	3,667.00	89%	3,263.63

Entity Number:	227033				Applicants F	orm Identifie	r:	Telephone		
Contact Persor	n: Louisa Loke	<u> </u>			Phone Numb	oer:		(978) 774-07	74	
Instructions: Us Make as many co	opies of this page	age for EACH ser e as necessary, a	rvice (Fund and numbe	uest(s) ding Request Number the completed pay oe assigned b	ges to assure t	hat they are al		Block 5, pagety.	ge _4	_ of _12
11 Category	of Service (only OI	NE category should be	checked)	nternal Connections	15 Contract "MTM" if mont	Number (if ava h-to-month services	isiable; use "T" if tariffed s s as described in Instruct Der (e.g., billed telephon	ions)	1-8	MTM 302-748-6282
<u>. </u>	Application Nun	nber (15 digits)	6	81020000377973			ection/Contract (Date (mm/dd/yyyy	')	12/13/2001
	ervice Provider on Number (9 digit	te)		143008958		: Award Date (·	7/4/20	
luentincati	ni kumar (a digi	13)		143000330		Start Date (mm		NTN 108 47°8 411	7/1/20	
14 Service Pi				one Service	 		/dd/yyyy) (use only f ate (mm/dd/yyyy)	or "I" or "MIM" s	iervices)	6/30/2003
21 Description This Servi	ce:		an Attachi	ment #, and note nu					iovani oran	d names. Label this
22 Entity/Ent Receiving	ities This Service:	this service	:	pecific (provided to by all entities on a E					ne entity fro	m Block 4 receiving
23 Calculatio		ecurring Char	ges		Non	-Recurring (Charges		Total Ch	arges
A	В	С	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one- time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)
739.80	0	739.80	12	8,877.60			o	8,877.60	89%	\$ 7,901.06

Entity Number: 227033 Applicants Form Identifier: Telephone											
Contact Persor	n: Louisa Loke			· · · · · · · · · · · · · · · · · · ·	Phone Numb	er:		(978) 774-07	74		
Instructions: Us Make as many c	opies of this page	age for EACH set as necessary, a	rvice (Fundand numbe	uest(s) ding Request Number the completed page of assigned by	ges to assure t	nat they are al		Block 5, pag	ge _5	of _12	
	of Service (anly 01				15 Contract	Number (if ava	lable; use "T" if tariffed s			MTM	
	nunications Service			nternal Connections			as described in Instructi er (e.g., billed telephon		603-746	6-7702-11257316	
							ection/Contract [
12 Form 470	Application Nur	nber (15 digits)	6	81020000377973	i				,	12/13/2001	
13 SPIN - Se	ervice Provider				18 Contract	18 Contract Award Date (mm/dd/yyyy)					
Identification	on Number (9 digi	ts)			19a Service	Start Date (mm	/dd/yyyy)		7/1/20	02	
					19b Service l	ind Date (mm/	dd/yyyy) (use only f	or "T" or "MTM" s	ervices)	6/30/2003	
14 Service P	rovider Name		MCT Tele	om	20 Contract	Expiration D	ate (mm/dd/yyyy)				
You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 5											
22 Entity/Ent Receiving	ities This Service:	this service	:	pecific (provided to by all entities on a B					e entity from	m Block 4 receiving	
23 Calculation		a a comina a Char			l Non	Recurring C	harans	I	Total Ch	arnee	
A	В	ecurring Char C	ges D	E	F	G	H	i	J	K	
(total amount per amount in (A) is pre-discount months amount for eligible recurring (one- the \$ amount in discount \$ amount year pre-discount (from month for service) ineligible? amount service recurring charges time) \$ charges (F) is ineligible? for one-time charges \$ amount Block									% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)	
256.83	0	256.83	12	3,082.00			0	3,082.00	89%	\$ 2,742.98	

Entity Number:	227033				Applicants F	orm Identifie	r:	Telephone		
Contact Persor	n: Louisa Loke			·	Phone Numb	oer:		(978) 774-07	74	
Instructions: Us		ige for EACH se	rvice (Fund and numbe	ding Request Numb or the completed page	ges to assure t	hat they are al		Block 5, pagety	ge _6	of _12
FRN#		Company Comment	re(tol	ue assignedau				<u></u>		
11 Category	of Service (only Ol	NE category should be	checked)		1		iliable; use "T" if tariffed s as described in instructi			MTM
Telecom	munications Service	Internet Ac	cess 🔘 I	nternal Connections			er (e.g., billed telephon			OS10
12 Form 470	Application Nur	mber (15 digits)	6	81020000377973	1		ection/Contract [Date (mm/dd/yyyy	')	12/13/2001
13 SPIN - S	ervice Provider				18 Contract	Award Date (mm/dd/yyyy)		·····	
Identification Number (9 digits) 19a Service Start Date (mm/dd/yyyy) 7/1/2002 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2									02	
					19b Service I	End Date (mm	/dd/yyyy) (use only f	or "T" or "MTM" s	ervices)	6/30/2003
14 Service P	rovider Name		NAFHO)	20 Contract	Expiration D	ate (mm/dd/yyyy)			
Description 21 This Serv			an Attachi	iption of the service ment #, and note nu				sts, plus any re	levant brand	d names. Label this
22 Entity/Ent Receiving	tities y This Service:	this service	:	pecific (provided to by all entities on a E					ne entity fro	m Block 4 receiving
23 Calculation					l Name	D	N	1	Total Ch	
}A	B	ecurring Char	ges	E	F	-Recurring C	narges H	<u> </u>	J	K K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?		# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre-	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)
50.17	0	50.17	12	602.00			0	602.00	89%	\$ 535.78

Entity Number: 227033					Applicants Form Identifier: Telephone						
Contact Persor	n: Louisa Loke				Phone Numb	per:		(978) 774-07	74		
Instructions: Us Make as many c	opies of this page	ge for EACH see as necessary, a	rvice (Fund and numbe	uest(s) ding Request Number the completed page	ges to assure t	hat they are al		Block 5, pag	ge _7	of _12	
	of Service (only Of				15 Contract	Number (if ava	ilable; use "T" if tariffed s			мтм	
1 .	munications Service			nternal Connections			as described in Instructi er (e.g., billed telephon		20	7-547-4464	
	Application Nun	nber (15 digits)	6	81020000377973	17 Allowab	e Vendor Sel	ection/Contract E)	12/13/2001	
	ervice Provider				18 Contract Award Date (mm/dd/yyyy)						
Identificati	on Number (9 digit	ts)		143001285	19a Service Start Date (mm/dd/yyyy) 7/1/2002						
					19b Service I	End Date (mm/	dd/yyyy) (use only f	or "T" or "MTM" s	ervices)	6/30/2003	
14 Service P	rovider Name	Nor	thiand Tel	ephone	20 Contract	Expiration D	ate (mm/dd/yyyy)	·			
Description 21 This Serv	on of ice:		an Attachi	iption of the service ment #, and note nu				sts, plus any re	levant brand	d names. Label this	
22 Entity/Ent Receiving	This Service:	this service	;	pecific (provided to by all entities on a E					ne entity from	m Block 4 receiving	
23 Calculation					I Non	Decurring (harasa	1	Total Ch	arace	
	В	ecurring Char	ges D	E	F	-Recurring C	H H	[J	K K	
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?		# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre-	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)	
38.17	_	38.17	12	458.00			0	458.00	89%	407.62	

Entity Number:	Applicants F		r:	Telephone	,							
Contact Person	n: Louisa Loke				Phone Numb	per:		(978) 774-07	74			
Instructions: Us		ge for EACH se	rvice (Fund	uest(s) ding Request Numb or the completed pag				Block 5, pag	ge _8	of _12		
FRN#			e (tol	ne aasignad b	ykadınınıst	rator)		***				
	of Service (only O			-	1	•	ilable; use "T" if tariffed s as described in Instruct			MTM		
Telecomr	munications Service	· O Internet Acc	cess OI	nternal Connections	16 Billing A	ccount Numb	er (e.g., billed telephon	e number)	203-	203-596-1177-640		
12 Form 470	Application Nur	nber (15 digits)	6	81020000377973	i		ection/Contract [Date (mm/dd/yyyy)	12/13/2001		
13 SPIN - Se	ervice Provider				18 Contract	Award Date	mm/dd/yyyy)					
Identification	on Number (9 digi	ts)		143004070	19a Service Start Date (mm/dd/yyyy)					7/1/2002		
				· · · · · · · · · · · · · · · · · · ·	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003							
14 Service P	rovider Name		SNET		20 Contract	Expiration D	ate (mm/dd/yyyy)					
21 Description This Serv			an Attachi	iption of the service ment #, and note nu				sts, plus any re	evant brand	d names. Label this		
22 Entity/Ent Receiving	ities This Service:	this service	:	pecific (provided to by all entities on a E		·			e entity fro	m Block 4 receiving		
23 Calculation								1	o			
	R B	ecurring Char	ges D	E	F Non	-Recurring (Tharges H	<u> </u>	Total Ch	arges K		
A Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?		# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre-	Total program year pre-discount \$ amount (E + H)	% discount	Funding Commitment \$ Request (1 x J)		
1,307.00	0	1,307.00	12	15,684.00			0	15,684.00	89%	\$ 13,958.76		

Telephone

Entity Number: 227033					Applicants Form Identifier: Telephone						
Contact Persor	n: Louisa Loke				Phone Num	oer:		Block 5, page _9ectly. d services, ctions) one number) Date (mm/dd/yyyy) 7/1//for "T" or "MTM" services) osts, plus any relevant brack tity Number of the entity for			
Instructions: Us Make as many c	opies of this page	age for EACH se e as necessary,	rvice (Fundand number	Juest(s) ding Request Numb er the completed page	ges to assure t	hat they are al			ge _9	_ of _12	
11 Category	of Service (only 0	NE category should be	checked)	nternal Connections	15 Contract "MTM" if mont		MTM				
Telecom	nunications service	: O Internet Ac	cess O I	nternal Connections			per (e.g., billed telephon			OS8	
12 Form 470	Application Nur	mber (15 digits)	6	81020000377973			ection/Contract I	Date (mm/dd/yyyy	′) 	12/13/2001	
13 SPIN - Se	ervice Provider		1430014	44	18 Contract	Award Date	(mm/dd/yyyy)				
Identification	on Number (9 digi	ts)			19a Service	19a Service Start Date (mm/dd/yyyy) 7/1/2					
	•				19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003						
14 Service Pi	rovider Name	State	of Florida	ı (Sprint)	20 Contract	Expiration D	ate (mm/dd/yyyy)				
	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 9										
22 Entity/Ent Receiving	ities This Service:	this service	•	pecific (provided to by all entities on a E					ne entity fro	m Block 4 receiving	
23 Calculatio		a a complete Char			l Non	Decuring (`horaso	1	Total Ch	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
A	B B	ecurring Char	ges D	E	F	-Recurring C	H H	ī		K K	
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	_	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre-	Total program year pre-discount \$ amount	% discount	Funding Commitment \$ Request (IxJ)	
4,750.67	0	4,750.67	12	57008			0	57,008.00	89%	\$ 50,737.12	

Entity Number: 227033				Applicants F	orm Identifie	·:	Telephone			
Contact Person: Louisa Loke				Phone Numb	er:		(978) 774-07	74		
Block 5: Discoun Instructions: Use one Block 5 p. Make as many copies of this pag	age for EACH sele e as necessary, a	rvice (Fund and numbe	ding Request Numb or the completed pag	ges to assure t	nat they are al	ng discounts. processed correc	Block 5, pagesty.	ge _10	_ of _12	
11 Category of Service (only C	NE category should be	checked)		15 Contract "MTM" if mont	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) 16 Billing Account Number (e.g., billed telephone number) 401-946-2020-087-005-					
12 Form 470 Application Nu	mber (15 digits)	6	81020000377973			ection/Contract [Date (mm/dd/yyyy)	12/13/2001	
13 SPIN - Service Provider					Award Date (· · · · · · · · · · · · · · · · · · ·			
Identification Number (9 dig	ts)		143001291	19a Service Start Date (mm/dd/yyyy) 7/1/2002						
				19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003						
14 Service Provider Name		zon, New I			Expiration D		,			
Description of This Service:		an Attachi	iption of the service ment #, and note nu			sts, plus any re	evant brand	I names. Label this		
22 Entity/Entities Receiving This Service:	this service	;	pecific (provided to by all entities on a E					e entity from	m Block 4 receiving	
23 Calculations	tecurring Char	aes		Non-Recurring Charges Total Charges				arges		
A B	C	D	· E	F	G	Н	I	J	К	
Monthly \$ charges (total amount per month for service) How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one- time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)	
8,390.08	8,390.08	12	100,681.00			0	100,681.00	89%	\$ 89,606.09	

Applicants Form Identifier:

Telephone

Entity Number: 22703 Contact Person: Lou					Applicants For Phone Number			Telephone (978) 774-07	74		
Block 5: Dis Instructions: Use one Make as many copies o	Block 5 page of this page	ge for EACH ser as necessary, a	vice (Fund and numbe	ding Request Number the completed page	ges to assure th	nat they are al	ing discounts.	Block 5, pag	ge _12	of_12	
11 Category of Serv	vice (only ON	IE category should be	checked)	nternal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in instructions) 16 Billing Account Number (e.g., billed telephone number) 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)						
12 Form 470 Applic	ation Num	nber (15 digits)	68	81020000377973	ľ		ection/oontract E	vate (mm/du/jjjj	,	12/13/2001	
13 SPIN - Service	Provider				18 Contract		mm/dd/yyyy)				
Identification Num	iber (9 digit	s)		143006001	19a Service	19a Service Start Date (mm/dd/yyyy) 7/1/2002					
							dd/yyyy) (use only fo	or "T" or "MTM" s	ervices)	6/30/2003	
14 Service Provide	r Name	TDS Telecom			20 Contract	Expiration D	ate (mm/dd/yyyy)				
You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label description with an Attachment #, and note number in space provided below. Attachment # 10										*****	
22 Entity/Entities Receiving This S		this service	;	pecific (provided to by all entities on a E						n Block 4 receiving	
23 Calculations	D.	ecurring Char	205		l Non	-Recurring (I	Total Charges			
A	В	C C	yes D	E	F	G	н	Ĭ	J	K	
Monthly \$ charges How m (total amount per amou	nuch of the \$ unt in (A) is eligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one- time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	
451.00	0	451.00	12	5,412.00			0	5,412.00	89%	\$ 4,816.68	

	y Number: act Person	227033 : Louisa Loke			· ·	Applicants For Phone Number			Telephone (978) 774-07	74		
Instr Make	uctions: Us as many co	opies of this page	ge for EACH ser as necessary, a	vice (Fund and numbe	ling Request Number the completed pag	jes to assure th	nat they are all	ng discounts.	Block 5, pag	ge _12	_ of _12	
10000	14.	Constitution with the second section of the	arium in managan ang disabadan adarah in ng mga mga managan arawas an a		रहेडिज्याणुङ्क्ष			ilable; use "T" if tariffed s	ervices,		MTM	
		of Service (only Of	-		nternal Connections			as described in Instruction	,			
	Telecomn	nunications Service	O Internet Acc	ess O II		_		er (e.g., billed telephone			-2020-087-005-2	
12	Form 470	Application Nun	n ber (15 digits)	61	31020000377973			ection/Contract D	ate (mm/od/yyyy	}	12/13/2001	
13	SPIN - Se	rvice Provider				18 Contract		mm/dd/yyyy)				
	Identification	on Number (9 digit	ts)		143013063	19a Service Start Date (mm/dd/yyyy) 7/1/2002						
						19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003						
14	Service Pr	ovider Name		TTE		20 Contract Expiration Date (mm/dd/yyyy)						
21	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 10									I names. Label this		
22	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving Entity/Entities Receiving This Service: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1											
23	Calculatio		sourring Char		1	Non-Recurring Charges Total Charges					arges	
	A	В	ecurring Char C	ges D	E	F	G	Н	I	J	К	
(tota		How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one- time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)	
	149.33	0	149.33	12	1,792.00			0	1,792.00	89%	\$ 1,594.88	